

FEB 24 2010

FITZPATRICK, CELLA, HARPER & SCINTO
 650 Town Center Drive
 Suite 1600
 Costa Mesa, California 92626-7130
 (714)540-8700

Facsimile:(714)540-9823

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TO: Examiner Anthony Bantamoi
 Group Art Unit: 2423

FROM: Michael K. O'Neill

RE: U.S. Application No. 10/637,625
 Atty. Docket No.: 03630.000203.1

FAX NO.: (571) 273-8300

DATE: February 24, 2010

TIME: 2:57

NO. OF PAGES:
(including cover page)

SENT BY: *JKM*

20

MESSAGE

Attached is an amendment in response to the Office Action dated November 24, 2010.

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on:

February 24, 2010
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 (Name of Attorney for Applicant)

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FEB 24 2010

In re Application of:

Docket No. 03630.000203.1

JONATHAN HUI, et al.

Application No.: 10/637,625

Examiner: A. Bantamoi

Filed: August 11, 2003

Group Art Unit: 2423

For: SYNCHRONIZING VISUAL CUES TO
MULTIMEDIA PRESENTATION

Date: February 24, 2010

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

 No additional fee is required.

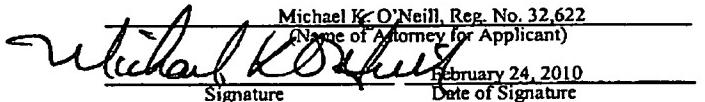
The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 30	MINUS	** 42	= 0	x \$26 \$52	- 0 -
INDEP. CLAIMS	* 6	MINUS	*** 9	= 0	x \$110 \$220	- 0 -
Fee for Multiple Dependent claims \$195°/\$390						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						- 0 -

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

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(Name of Attorney for Applicant)Signature February 24, 2010
Date of Signature

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- A check in the amount of \$ _____ is enclosed.
- Charge \$ _____ to Deposit Account No. 06-1205.
- Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.
- A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Michael K. O'Neill
Registration No.: 32,622

FITZPATRICK, CELLA, HARPER & SCINTO
1290 Avenue of the Americas
New York, New York 10104-3800
Facsimile: (212) 218-2200

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